| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|--|
| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, | A. Signature A. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery |
| or on the front if space permits. 1. Article Addressed to: R, Keith THOMAS 404 S, Main St. | D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No |
| Tuskeger, A1. 36083 | 3. Service Type Certified Mail |
| 2. Article Number (Transfer from service label) 7 0 7 | 710 0003 2807 1852 |
| PS Form 3811, February 2004 Domestic Re | turn Receipt 102595-02-M-1540 |